

Bob Getchell

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PRINTED: 07/14/2015  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL041007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/19/2015
NAME OF PROVIDER OR SUPPLIER  DAVIS REST HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 WOODBRIAR AVENUE GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  This report is of a biennial construction survey done by Bob Getchell on June 19, 2015  This facility was first licensed as a Family Care Home for five (5) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on May 13, 1968. Based on this we are requiring the home to be in compliance with the 1971 and the applicable portions of the 2005 "Rules 10A NCAC 13G for the Licensing of Family Care Homes", and, the 1968 North Carolina State Uniform Residential Building Code (Volume 1B).  Deficiencies were noted which will require a new plan of correction.	C 000		
C 143	Corridor-Free of Obstructions  SECTION :0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed.  Findings include: The kitchen corridor door, in the path to the rear Exit door, is blocked by locking hardware: ?	C 143		
C 152	Floors  10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of	C 152	locking hardware - door guard will be maintained, replaced or repaired to ensure facility in safe manner by not having corridor obstructed by qualified professional staff	8/15/2015

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

4000

LYW921

If continuation sheet 1 of 6

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C 152	Continued From page 1 smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1. Based on observation, the floor covering was not maintained safe. This could affect the resident by exposing them to a tripping hazard.  Findings include: a) In the back left bedroom the floor tile is damaged. b) There are throw rugs in use throughout the house.	C 152	be consulted... for solution. Documentation available per request... per monthly.  Floor coverings (tile, linoleum) will be repaired, replaced + rugs removed to provide safe flooring for residents and not exposing them to tripping hazards. Housekeeping will monitor hazards by documenting floor cracks, tears on provided checklist; each week. Checklist and documentation available by request.	8/20/15
C 153	Houskeeping And Furnishings-Clean, Repaired  SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: 1. Based on observation, the bedroom furnishings were not maintained in good condition.  Findings include: The back left bedroom has a damaged headboard, chest and chairs.	C 153	Furnishings (head board, chest and chair) will be maintained in good repair. Housekeeping will monitor damages of furniture by documenting cracks, discoloration on provided checklist; each week. Checklist + documentation available by request.	8/20/2015

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C 168	Continued From page 2	C 168		
C 168	<p>Fire Extinguishers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p> <p>(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:</p> <p>(1) one five pound or larger (net charge) "A-B-C" type centrally located;</p> <p>(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and</p> <p>(3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency.</p> <p>Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10</p>	C 168	<p><i>Inspection tags on fire extin- guishers will be checked monthly. Documentation of person conducting check and dates available for review.</i></p>	8-1-2015
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p>	C 174		

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C 174	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, egress from all areas was not maintained in a safe manner by having damaged bedroom windows that will not remain open or are stuck shut. This would affect the residents by not allowing free egress in an emergency.</p> <p>Findings include:</p> <p>a) The center front bedroom windows are the crank type, however the crank handles have been removed and the windows can no longer be opened.</p> <p>b) Broken window glass was observed in the following locations: i) Staff Bedroom, ii) Middle bedroom.</p> <p>2. Based on observation, the building plumbing equipment was not maintained in a safe manner by not maintaining the <u>exhaust flue</u> on the gas water heater.</p> <p>Findings include:</p> <p>The escutcheon ring on the exhaust flue pipe has slid down exposing an opening to the attic.</p> <p>3. Based on observation, the crawlspace openings were not maintained.</p> <p>Findings include:</p> <p>The crawlspace vent on the left side of the front door is falling out of the opening.</p> <p>4. Based on observation, the integrity of the walls and ceilings was not maintained safe.</p> <p>Findings include:</p> <p>Ceilings were split open in the following locations:</p> <p>a) Living Room,</p> <p>b) Back Left Bedroom</p>	C 174	<p>All facility windows, gas water heater/plumbing equipment and crawl spaces in attic will be checked, repaired or replaced by a qualified professional each year on or before June 1st. Documentation of person conducting checks and repairs will be available by request.</p>	8/25/15

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C 174	Continued From page 4  5. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely and latch. This could affect a residents privacy.  Findings include: The corridor bathroom door won't close and latch.  6. Based on observation, the building exterior building components were not maintained operable  Findings include: The gutters have holes rusted in the bottom, and they are coming loose from the house in places	C 174	Ceilings, doors and gutters will be maintained in a safe manner by being checked, repaired, painted or replaced by a qualified professional each year on or before July 1st. Documentation of person conducting checks and reviews will be maintained & made available per request.	8/20/15
C 177	Building Service Equipment-Hot Water  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. Based on observation, the hot water was not maintained safe. This would affect all residents by exposing them to a scald hazard.  Findings include:	C 177		

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C 177	Continued From page 5  The hot water tested at 120 degrees F. (NOTE: Thermostat was immediately turned down and tank was drained until temperature was below 116 degrees F.)	C 177	Hot water will be maintained at 110-116° as to not expose residents to scald hazard. Hot water log continues to be maintained in facility for review. Plumber or qualified professional on call if temps exceed 116°. Log documentation completed 1-3x w/klly.	7/27/15